Strengthening Families Program for Parents and Youth 10–14

The Strengthening Families Program for Parents and Youth 10–14 (SFP 10–14) is a video-based intervention designed to reduce adolescent substance use and other problematic behaviors in youth 10 to 14 years of age. The program is delivered within parent, youth, and family sessions using narrated videos that portray typical youth and parent situations. Sessions are highly interactive and include role-playing, discussions, learning games, and family projects designed to—

- Improve parenting skills
- Build life skills in youth
- Strengthen family bonds

The basic program is delivered over 7 weeks, usually in the evenings. Four optional booster sessions can be held 3 to 12 months after the basic sessions. A version of the program (parent sessions) is available for non–English-speaking Hispanic/Latino parents. There is another version of the parent sessions (available in English and Spanish) that includes role-plays and posters and is suitable for groups who wish to use the program without the videos.

INTENDED POPULATION

SFP 10–14 has been tested with White rural families in economically disadvantaged areas and with African American families in an urban setting. It has also been successfully implemented with a wide range of

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SAMHSA Model Program

Effective Substance Abuse and Mental Health Programs for Every Community

Proven Results*

Among youth:

- 26% to 56% relative reduction in "ever use" of substances at 4-year followup, depending on the substance
- 32% to 77% relative reduction in conduct problems at 4-year followup, depending on the behavior
- Delayed onset of other problematic behaviors
- Increased resistance to peer pressure

Among parents:

- Increased ability to set appropriate limits and show affection to and support for their children

**Relative reduction is the difference between intervention and control group proportions of "new users" following baseline, expressed as a percentage of the control group proportion. It does not represent the difference between the total percentage of new users in each group.*

INTERVENTION

Universal

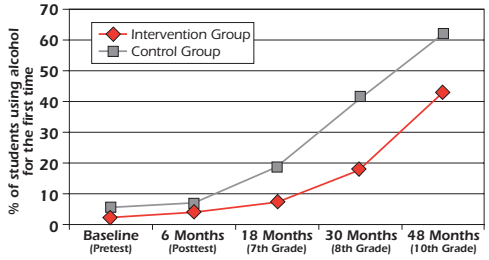
Selective

Indicated

OUTCOMES

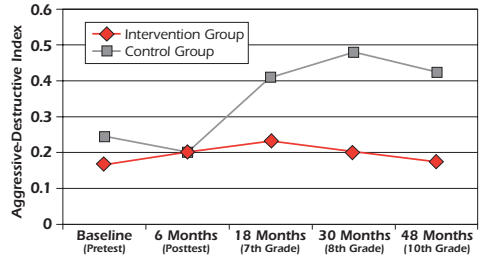
An analysis of data demonstrated positive results for both parents and youth. Comparisons between the intervention and control groups showed significantly improved parenting behaviors (e.g., communicating specific rules and consequences for using substances, controlling anger when communicating with the child, positive involvement with the child, and better communication with the child). Analyses of youth substance use and use-related child outcomes (e.g., gateway substance use, problem conduct, school-related problem behaviors, affiliation with antisocial peers, peer resistance) have demonstrated positive outcomes at followup assessments. Compared with youth in the control group, those in the intervention group showed statistically significant delays in initiation of alcohol, tobacco, and marijuana use. For some outcomes, positive results—differences between youth who attended the program and the control youth—actually increased over the 6 years of followup assessment.

Lifetime alcohol use without parental permission, 6th grade baseline through 10th grade followup of students receiving intervention and control group students



At the 10th grade, intervention students exhibit a 32% relative reduction in alcohol use compared to control group students ($p<.01$).

Self-reported aggressive behavior in youth receiving intervention and control group, 6th grade baseline through 10th grade



**Aggressive-Destructive Conduct Index is based on an in-home questionnaire derived from the National Youth Survey and measures the frequency with which youth engaged in identified behaviors including physically aggressive behavior toward people ($p=.01$).*

others, including court-ordered families, families in low-income housing projects, and middle-income families in suburban areas. American Indian, Hispanic/Latino, and Asian immigrant families also have successfully participated in the program.

BENEFITS

For youth:

- Reduced use of drugs
- More positive future orientation
- Improved emotional management skills
- Increased willingness to follow rules
- Increased ability to recognize positive-influence qualities in other youth
- Ability to handle negative peer pressure

For parents:

- Better understanding of youth development
- Willingness to get help for special family needs
- Ability to make specific rules regarding youths' use of substances
- Understanding risk and protective factors for youth

HOW IT WORKS

The program is delivered to 8 to 13 families at once. It is recommended that the group size be smaller when dealing with families where parents have begun to have concerns over problematic behavior. During the basic program, parents and youth meet in separate groups for the first hour and together as families during the second hour to practice skills, play games, and do family projects. Program activities include the following:

- Parent sessions consisting of presentations, role-plays, group discussions, and other skill-building activities. Videotapes are used for most sessions to standardize program delivery and demonstrate effective parent-child interactions.
- Youth sessions engage each youth in small and large group discussions, group skill practice, and social bonding activities. Topics are presented in game-like activities designed to engage participants and maintain their interest while learning.
- Family sessions use specially designed games and projects to increase family bonding, build positive communication skills, and facilitate learning to solve problems together. Most of each family session is

spent within individual family units with parents and youth participating in discussions and projects. Two of the family sessions use videotapes to demonstrate how to effect positive family change and maintain program benefits by holding regular family meetings and working together to help youth deal with peer pressure.

IMPLEMENTATION ESSENTIALS

The program is typically delivered in a public school, house of faith, community center, or family-serving agency on weekday evenings or Saturdays. At least two rooms (one for youth and one for parents) are required for each session, with family sessions taking place in the larger of the two rooms. An additional room may be needed for childcare for younger children.

Program planning and family recruitment should begin at least 2 months prior to the 7-week program. Some communities have found it helpful to hire a community member who knows the families to help in one-on-one outreach.

Three group leaders are needed: one for the parent sessions and two for the youth sessions. Group leaders teach from materials provided during youth, parent, and family sessions. During family sessions, group leaders engage in less teaching as their role changes to facilitator and coach. Each group leader is responsible for three or four families and works with the same families each week.

Training and Technical Assistance

Group leaders for SFP 10-14 should have strong presentation and facilitation skills and experience working with parents or youth. They must attend a 2-day or 3-day training that includes participating in nearly all activities of the program. Typically, group leaders require 1 to 2 hours of additional preparation for each weekly session; they teach youth or parent sessions and facilitate the family sessions during weeks 1 through 7. Onsite training is available as well as subsequent technical support by phone. A train-the-trainer protocol also is offered.

Materials

Teaching manuals and videos are available for the basic and booster sessions; they include masters for all handouts, posters, and game cards. Promotional materials may also be ordered. For most sessions, one TV/VCR is required; for two sessions, two sets are needed. A flip chart with markers is used in both the parent and youth sessions. Miscellaneous materials are needed that may be borrowed or donated, including a camera or camcorder, film, blindfolds, string, kitchen timer, baseball caps, dice, fabric strips, pencils, clothespins, glue, tape, candy, etc.

PROGRAM BACKGROUND

SFP 10–14 resulted from a major revision of the original Strengthening Families Program developed by Karol Kumpfer, Ph.D., and colleagues at the University of Utah. The programs are the same in format and overall goals; differences between the two programs include target audience (age and degree of risk), risk and protective factors addressed, teaching methods and topics. This major revision was called the Iowa Strengthening Families Program (ISFP) and was tested in a longitudinal study conducted from 1992 until the present. Positive results from this initial study prompted further revision of program activities and videotapes to make the program sensitive and accessible to African American, Hispanic/Latino, and White families. Controlled studies of outcomes of a revised program for African American families are underway. Several etiological and intervention models (e.g., a biophysical vulnerability model, a resiliency model, and a family process model linking family stress and adolescent adjustment) influenced the development of SFP 10–14. The program is now being used by agencies in 41 States, Central America, England, and Sweden.

EVALUATION DESIGN

The program has been scientifically evaluated in a randomized, controlled test with families of sixth graders (at pretest) through Project Family at the Institute for Social Behavioral Research at Iowa State University. This large-scale, experimental design trial involved random assignment of 33 Iowa public schools. Outcome evaluations entailed the use of multi-informant, multimethod measurement procedures at pretest, posttest, and followup data collections completed approximately ½, 1½, 2½, 4, and 6 years after pretest. Assessments included in-home videotapes of families in structured family interaction tasks and in-home interviews that included scales from standardized instruments and commonly used measures such as the National Survey of Delinquency and Drug Use. A total of 161 families participated in 21 intervention groups at 11 different schools, with group sizes ranging from 3 to 15 families. Participation rates were high among pretested families. Ninety-four percent of attending pretested families were represented by a family member in five or more sessions.

PROGRAM DEVELOPER

Virginia Molgaard, Ph.D.

The first author of SFP 10–14 is Dr. Virginia Molgaard, a research scientist at the Institute for Social and Behavioral Research (ISBR) at Iowa State University who has also been State family life specialist for the Iowa State University Extension (ISUE). At ISBR, Dr. Molgaard is director of Prevention Program Development. At ISUE, she linked ISBR research with the State of Iowa, providing training and consultation with staff. She continues to provide support for further program testing and national dissemination of SFP 10–14.

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The Web site includes information on ordering materials, published articles, special audiences, and training.

RECOGNITION

Model Program—Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services

Exemplary Program—U.S. Department of Education

Exemplary Program—Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice

Effective Program—National Institute on Drug Abuse, U.S. Department of Health and Human Services